

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 0 0 3

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/1/04

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

§1924 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2005 \$ 0
b. FFY 2006 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6A pg 5a (04-03)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6A pg 5a (02-03)

Vermont (04-003)
approved: 06/14/04
effective: 01/01/04

10. SUBJECT OF AMENDMENT:

Update of the Monthly Amount for Home Maintenance

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

[Signature]

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Charles P. Smith

13. TYPED NAME:

Charles P. Smith

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

16. RETURN TO:

Roxanne Doty
Dept. of PATH
103 South Main Street
Waterbury, VT 05671-1201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 24, 2004

18. DATE APPROVED:

June 14, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Margaret Deoni for Bruce Greenstein

21. TYPED NAME:

Bruce D. Greenstein

22. TITLE:

Associate Regional Administrator, DMCH

23. REMARKS:

Revision: HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
Page 5a
OMB No.:0938-0673

State: Vermont

Condition	Condition or Requirement
<u>X</u>	Amount for maintenance of home is a standard deduction equal to three-fourths of the combined federal supplemental security income (SSI) payment and state supplemental aid for the aged, blind and disabled (AABD) for a single individual living in the community.
<u> </u>	Amount for maintenance of home is the actual maintenance costs not to exceed \$ <u> </u> .
<u> </u>	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
<u>X</u>	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

TN No. 04-03
Supersedes
TN No. 02-03

Effective Date 1/1/04

Approval Date 06/14/04